

# STANDARD CERTIFICATE OF DEATH

45539  
STATE FILE NUMBER

FILED DEC 30 1957

Registration District No. 316 Primary Registration District No. 6064 Registrar's No. 410

1. PLACE OF DEATH a. COUNTY St Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Fran.			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Bismarck-RURAL (Iron Twp) No 2				c. CITY OR TOWN Bismarck Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home				Length of stay in lb Life			
3. NAME OF DECEASED (Type or print) First MIDDLE Last GUS SMITH				4. DATE OF DEATH Month Day Year Dec. 14, 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 10, 1883	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (City and state or country) St. Genevieve Co, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME G.W. Smith				14. MOTHER'S MAIDEN NAME Annie Wotley			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		(If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Carson Smith Bismarck, Missouri	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic vascular disease DUE TO (c) unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 332x							INTERVAL BETWEEN ONSET AND DEATH 4 weeks
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from April 1957 to Dec 14, 1957 and last saw him alive on Dec 13, 1957 Death occurred at 3:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J. L. Foster (Degree or title) M.D.				22b. ADDRESS Desloge, Missouri		22c. DATE SIGNED 12-17-57	
23a. BURIAL CREMATION. Burial		23b. DATE 12-14-1957		23c. NAME OF CEMETERY OR CREMATORY Masonic		23d. LOCATION (City, town, or county) (State) Bismarck, Missouri	
24. FUNERAL DIRECTOR Shipman & Sons Bismarck, Mo.				25. DATE RECD. BY LOCAL REG. Dec. 17, 1957		26. REGISTRAR'S SIGNATURE Esther Rudloff	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *John N. Shipman* .....  
Licensed Embalmer No. 488  
P. O. Address Bismarck, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license):  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.